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FAX TRANSMISSION

Date: March 28, 2007
To: Examiner A. Salata GAU 2837 U.S. Patent and Trademark Office
Fax: 571-273-8300
From: William J. Clemens
Re: 16679

We are transmitting a total of 15 pages (including cover sheet).
If transmission is not complete, please call 419.874.1100.

COMMENTS: Please see the following Response for filing in the patent application S/N 10/787,428.
Thank you

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PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0551-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2007		Complete If Known Application Number 10/787,428 Filing Date February 26, 2004 First Named Inventor Finschi Examiner Name A. Salata Art Unit 2837 Attorney Docket No. 16679	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 600.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-3156 Deposit Account Name: Fraser Clemens Martin &
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
28 - 20 or HP = 8	x 50 =	400
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
4 - 3 or HP = 1	x 200 =	200
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. 26,855 (Attorney/Agent)	Telephone 419-874-1100
Name (Print/Type)	William J. Clemens		Date March 28, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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By

William J. Clemens
William J. Clemens

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: FINSCHI)	Group Art Unit: 2837
)	
Serial No.: 10/787,428)	Examiner: A. Salata
)	
Filed: February 26, 2004)	Attorney Docket: 16679
)	Confirmation No.: 4765
For: METHOD FOR THE OPERATION OF)	
<u>AN ELEVATOR INSTALLATION</u>)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Honorable Sir:

Please amend the above-identified application as set forth on the following pages.
Included is a Fee Transmittal form for the extra claims fees.

Respectfully submitted,

William J. Clemens
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02 FC:1202 400.00 DA

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